

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 580 209

FILING DATE

5.22.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3		2				
4		5				
5		5				
6		5				
7		5				
8		5				
9		5				
10		5				
11		5				
12		5				
13		5				
14		5				
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21		5				
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23		5				
24		5				
25		5				
26		5				
27		5				
28		5				
29		5				
30		5				
31	1		1		1	
32						
33		5				
34		5				
35		5				
36						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	34	←	82	←	33	←
TOTAL CLAIMS	36		84		35	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

7/17/06 4/5/07